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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Toshihiko OHTOMO, et al.

Title: RESHAPED HUMAN ANTIBODY TO HUMAN  
MEDULLOBLASTOMA CELLS

Appl. No.: 09/749,873

Filing Date: 12/29/2000

Examiner: Larry R. Helms

Art Unit: 1642



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**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [ ] Small Entity statement is enclosed.
- The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	11	—	20	= 0 x \$18.00 =	\$0.00
Independents:	4	—	3	= 1 x \$84.00 =	\$84.00
First presentation of any Multiple Dependent Claims:				+ \$280.00 =	\$0.00
				CLAIMS FEE TOTAL: =	\$84.00

- Applicants hereby petition for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the second month:	\$410.00	\$410.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$930.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,450.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,970.00	\$0.00
	EXTENSION FEE TOTAL:		\$410.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$494.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$494.00

- Please charge Deposit Account No. 19-0741 in the amount of \$494.00. A duplicate copy of this transmittal is enclosed.
- A check in the amount of \$494.00 is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. § 1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 11, 2003

By Michael D. Kamasi  
Reg. No. 32,904, for

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